



FEB 21 2012

Please type or print in ink.

NAME OF FILER

2012 FEB 22 PM 4:26

(FIRST)

BY:

(MIDDLE)

Fletcher

Nathan

B

1. Office, Agency, or Court

Agency Name

CA State Assembly

Division, Board, Department, District, if applicable

District 75

Your Position

Assemblyman

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)☒ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ Multi-County _____☐ County of _____☐ City of _____☐ Other _____**3. Type of Statement (Check at least one box)**☒ **Annual:** The period covered is January 1, 2011, through December 31, 2011.

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ **Leaving Office:** Date Left ____/____/____
(Check one)☐ The period covered is January 1, 2011, through the date of leaving office.☐ **Assuming Office:** Date assumed ____/____/____☐ The period covered is ____/____/____, through the date of leaving office.☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 4☐ **Schedule A-1 - Investments** – schedule attached☒ **Schedule C - Income, Loans, & Business Positions** – schedule attached☐ **Schedule A-2 - Investments** – schedule attached☒ **Schedule D - Income – Gifts** – schedule attached☐ **Schedule B - Real Property** – schedule attached☒ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

☐ **None** – No reportable interests on any schedule

5.

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed

02/15/2012

(month, day, year)

Signature

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name _____
Fletcher _____

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

West Wireless Health Institute

ADDRESS (Business Address Acceptable)

10350 North Torrey Pines Road, La Jolla, CA 92037

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non Profit

YOUR BUSINESS POSITION

Vice President of Strategic Communications

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Ogilvy Public Relations

ADDRESS (Business Address Acceptable)

1414 K Street Suite 300, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public Relations

YOUR BUSINESS POSITION

Senior Advisor

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D Income – Gifts

Name

Fletcher

► NAME OF SOURCE

Barona Resort & Casino

ADDRESS (Business Address Acceptable)

1932 Wildcat Canyon Road, Lakeside, CA 92040

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Tribal Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 11 / 11	\$ 69.60	CRP Dinner*
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Office of Assemblyman Nathan Fletcher

ADDRESS (Business Address Acceptable)

State Capitol, Room 2130, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Assembly Office

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 17 / 11	\$ 219.99	Double Stroller***
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Ogilvy Public Relations

ADDRESS (Business Address Acceptable)

1414 K Street Suite 300, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public Relations

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 11 / 11	\$ 100.00	Nursery Bedding**
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: *Reimbursement for CRP dinner sent after 30 days. **Gift was given as a collection from the office. It is our understanding that no employee contributed more than \$20.00. ***Gift was given as a collection from the office, in which no employee contributed more than \$20.00

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Fletcher

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE

San Diego County Regional Airport Authority

ADDRESS (Business Address Acceptable)

P.O. Box 82776

CITY AND STATE

San Diego, CA 92138-2776

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

Manage the operations of San Diego International

DATE(S): 01/01/11 - 12/31/11 AMT: \$ 1706.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

*Airport parking pass (limits do not apply). Only used
for official legislative travel

► NAME OF SOURCE

Council of State Governments-WEST

ADDRESS (Business Address Acceptable)

1107 9th Street, Suite 730

CITY AND STATE

Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☒ 501 (c)(3)

DATE(S): 09/11/11 - 9/13/11 AMT: \$ 1,576.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

California legislative visit to Mexico City

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: _____

STATE CAPITOL
P.O. BOX 942849
SACRAMENTO, CA 94249-0075
(916) 319-2075
FAX (916) 319-2175

E-MAIL
Assemblymember.Fletcher@assembly.ca.gov

Assembly California Legislature



NATHAN FLETCHER
ASSEMBLYMEMBER, SEVENTY-FIFTH DISTRICT

DISTRICT OFFICE
9909 MIRA MESA BLVD., SUITE 130
SAN DIEGO, CA 92131
(858) 689-6290
FAX (858) 689-6296

WEBSITE
<http://www.assembly.ca.gov/fletcher>

FPPC Form 700

This filer, Nathan Fletcher, has made a good faith effort to identify, value and report all gifts, tickets, travel payments, beverages, meals and reimbursements related to travel in connection with speeches, panels seminars, reception or other similar events received during the calendar year of 2011.

The filer has implemented a policy to track carefully and maintain a full and complete log of events attended; events at which the filer was provided meals or other benefits; and events at which the filer did not consume meals or beverages.

The filer has relied in part for this tracking system upon persons and the entities, associations and individuals providing gifts, tickets and the like to provide confirmation of the event and valuation of gifts and benefits. Any omission from the gifts and travel reimbursements listed herein is unintended and inadvertent.

Name: Nathan Fletcher

Date: 02/15/2012

(c)(1)

Signature: _____